Pleasa type a plus sign (+) finsk	de this box			pTO/5B/01 (03-01) pugh 10/01/2002. OMB 0861-0032 5. DEPARTMENT OF COMMERCE contains a valid OMB control number.				
Piesse type a plus sign (*) inside this box  Under the Paparwork Reduction Act of 1995, no persons are required.		Attorney Docket Num	ber SALES	3.0-034 CIP CIP CIP				
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		First Named Inventor	4 _	chwartz				
		COMPLETE IF KNOWN						
		Application Number	ation Number 10/290,638					
Declaration Submitted with Initial Filing	x Dectaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date	November 8, 2002					
		Group Art Unit	3765					
		Examiner Name	Not Yet Assigned					
t believe t am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:  METHOD OF MAKING FURNITURE WITH SYNTHETIC WOVEN MATERIAL  (Title of the invention)								
the specification of which  Is attached hereto  OR  X was filed on (MM/DD/YYYY)  11/08/2002 as United States Application Number or PCT international  Application No. 10/290,638 and was amended on (MM/DD/YYYY)  (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application, which designated at least one inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one inventor's or plant breeder's rights certificate and have also identified below, by checking the box, any foreign country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patient, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date application for patient, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date application on which priority is claimed.								
Prior Foreign Application		Foreign Filling Date	Priority Not Claimed	Certified Copy Attached? YES NO				
N <sub>umber(a)</sub>	Country	(ММ/ДО/YYYY)	Not Grande					
Additional foreign application numbers are listed on a supplemental priority data sheet PYO/SB/02B attached hereig:								

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DECLARATION — Utility or Design Patent Application								
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioner(a) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 000550								
	istomer Number Bar Code Lisbel		00	0530	OR Carrespondence address below			
Name								
Address								
City	State		ibe	ZIP				
Country	Telaphone				Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:					has been filed for this unalgned inventor			
Given Name (first and middle [if any])	Larry			Family Name or Surname	Schwartz			
Inventor's Date 2/06/65								
Franklin Lakes	NJ	United States of America			US			
Maling Address: 379 Algonquin Road								
Franklin Lakes	NJ State	ZIP	07	417	7 United States of America Country			
NAME OF SECOND INVENTOR:				A pelition I	n has been filed for this unalgned inventor			
Given Name (Brst and middle (if any))				Family Name or Surname				
inventor's Signature					Date			
Residence: City State		Country			Citizenship			
Malling Address:								
ityState		ZIP			Country			
Additional inventors are being named on the supplemental Additional inventor(s) sheet(a) PTO/SB/02A attached hereto.								

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